

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">097980173</div>		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		3				TOTAL IND.				
TOTAL DEP.	3		4				TOTAL DEP.				
TOTAL CLAIMS	5		7				TOTAL CLAIMS				